

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	PETITION FOR CONTINUED HOSPITALIZATION OF MINOR	FILE NO.
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In the matter of _____, a minor

1. I, _____, am the director or authorized representative of the director
Name (type or print)
 of _____.
Name of hospital

2. On _____ the hospital received a written notice of intent to terminate the hospitalization of the minor from:
Date

☐ the parent ☐ the guardian ☐ the person in loco parentis ☐ the minor who is 14 year of age or older and who
 was admitted by his or her own request.

3. The minor is a resident of _____, Michigan, was born on _____,
 and has parents, guardian, or person in loco parentis as follows:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Father		
	Mother		
	Guardian		
	Person in loco parentis		

4. The minor is suitable for hospitalization because the minor requires treatment, is in need of hospitalization and is expected to benefit from hospitalization, and an appropriate, less restrictive alternative to hospitalization is not available.

5. The minor requires treatment because:

- ☐ of a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.
- ☐ of a severe or persistent emotional condition characterized by seriously impaired personality development, individual adjustment, social adjustment, or emotional growth which is demonstrated in behavior symptomatic of that impairment.

6. This conclusion is based upon: _____

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

7. The minor will benefit from hospitalization as follows:

8. **I request** that the minor be determined suitable for hospitalization and ordered to continue hospitalization for not more than 60 days.

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature of petitioner

Title of petitioner

This petition is accompanied by one certificate executed by a child and adolescent psychiatrist and one certificate of a
☐ physician.
☐ licensed psychologist.